PLEASE COMPLETE THE TOP PORTION AND SEND WITH YOUR APPLICATION. PLEASE REFERENCE AR 601-20 AND FY IPAP APPLICATION MILPER UPDATE BEFORE SENDING PACKET.

INTERSERVICE PHYSICIAN ASSISTANT PROGRAM (IPAP) APPLICATION SUMMARY SHEET

(Keep In Sequence)

Name:	SSN:	Date Rec:	Years in Svc:	
Rank: MOS	S or AOC:/	Prior Svc: Yes No	Years in Svc:	
Compo:(ACTIVE DUTY, USAR) Waiver	(s) Required: No Yes		
Left side of Packet Form/Document		Right side of Packet Form/Document		
TAB 1: Summary Sheet		TAB 5: * Current Officer Record Brief (ORB) or # Current Soldier Record Brief (SRB) or + 2A and 2-1		
TAB 2: DA Photo DA 705 (APFT scorecard) Profile (with exception to board MFR)		Evaluation DA 1059 Awards/C	TAB 6: Official Military Personnel File (OMPF) Documents Evaluation Report (OERs or NCOERs) DA 1059 (Academic Evaluation Reports) Awards/Certifications/Licenses Certificates of Training	
TAB 3: Typed Letter of Intent Curriculum Vitae (CV)		TAB 7: DD 214 (Release or discharge)		
DA 61 DA 160		TAB 8:		
Letters of Recommunity Immediate Commande Physician A	Supervisor r	Waiver Recondition Condition MILPO Security Condition Physical (Condition) Application DA 330 (I	Clearance MFR DD 2807 & 2808 w/ labs & audiogram)	
TAB 4:			ment Letter	
Academic Delay Plan LetterAcademic WorksheetTranscripts/DiplomasSAT Scores		* DA 71 (0	Oath) Contract if applicable	

* Officer applicants only # Enlisted applicants only + Reserve applicants only